

**NOTICE OF WORKSHOP
TO SOLICIT COMMENTS ON PROPOSED REGULATIONS
AND WORKSHOP AGENDA**

The State of Nevada, Department of Business and Industry, Division of Insurance (“Division”), is proposing the adoption, amendment or repeal of regulations pertaining to **chapter(s) 686A, 687B, 695C, and 695D** of the Nevada Administrative Code (“NAC”). A workshop has been set for **9:30 a.m. on August 24, 2016**, at the following location:

**Nevada Division of Insurance, 1st Floor Hearing Room
1818 E. College Parkway, Suite 103
Carson City, Nevada 89706**

Interested persons may also participate through a simultaneous videoconference conducted at:

**Nevada Division of Insurance, 3rd Floor Conference Room
Bradley Building
2501 E. Sahara Avenue, Suite 302
Las Vegas, Nevada 89104**

The purpose of the workshop is to solicit comments from interested persons on the following general topic(s) that may be addressed in the proposed regulation; and to assist in determining whether the proposed regulation is likely to impose a direct and significant burden upon a small business or directly restricts the formation, operation or expansion of a small business. Please submit any written comments no later than **August 17, 2016**.

LCB File No. R081-16. Required Industry Reports. (NAC 686A, 687B, 695C, 695D) A REGULATION relating to insurance; revising the requirements for the filing of certain reports and documentation with the Commissioner of Insurance and the Division of Insurance of the Department of Business and Industry; and providing other matters properly relating thereto.

A copy of all materials relating to the proposal(s) may be obtained at the workshop or by visiting the Division’s Internet Web site at <http://doi.nv.gov/> or by contacting the Division, 1818 E. College Parkway, Suite 103, Carson City, Nevada 89706, (775) 687-0700. A reasonable fee for copying may be charged. Members of the public who would like additional information about the proposed regulation may contact Kim Everett, Assistant Chief, Life and Health Section, at (775) 687-0735, or via e-mail to keverett@doi.nv.gov.

Notice of the workshop was provided via electronic means to all persons on the agency’s e-mail list for noticing of administrative regulations. This *Notice of Workshop to Solicit Comments on Proposed Regulations* was posted to the agency’s Internet Web site at <http://doi.nv.gov/>, the Nevada Legislature’s Internet Web site at <http://www.leg.state.nv.us>, and at the following locations:

Department of Business and Industry
Division of Insurance
1818 East College Parkway, Suite 103
Carson City, Nevada 89706

Legislative Building
401 South Carson Street
Carson City, Nevada 89701

Blasdel Building
209 East Musser Street
Carson City, Nevada 89701

Nevada Department of Employment,
Training and Rehabilitation
2800 E. Saint Louis Ave.
Las Vegas, NV 89104

Carson City Library
900 North Roop Street
Carson City, Nevada 89701

Douglas County Library
P.O. Box 337
Minden, Nevada 89423

Esmeralda County Library
P.O. Box 430
Goldfield, Nevada 89013

Humboldt County Library
85 East 5th Street
Winnemucca, Nevada 89445

Las Vegas-Clark County Library District
7060 W. Windmill Lane
Las Vegas, NV 89113

Lyon County Library
20 Nevin Way
Yerington, Nevada 89447

Pershing County Library
P.O. Box 781
Lovelock, Nevada 89419

Department of Business and Industry
Division of Insurance
2501 East Sahara Avenue, Suite 302
Las Vegas, Nevada 89104

Grant Sawyer Building
555 East Washington Avenue
Las Vegas, Nevada 89101

Capitol Building Main Floor
101 North Carson Street
Carson City, Nevada 89701

Nevada State Library & Archives
100 North Stewart Street
Carson City, Nevada 89701

Churchill County Library
553 South Main Street
Fallon, Nevada 89406

Elko County Library
720 Court Street
Elko, Nevada 89801

Eureka Branch Library
P.O. Box 293
Eureka, Nevada 89316

Lander County Library
P.O. Box 141
Battle Mountain, Nevada 89820

Lincoln County Library
P.O. Box 330
Pioche, Nevada 89043-0330

Mineral County Public Library
P.O. Box 1390
Hawthorne, Nevada 89415

Storey County Clerk
P.O. Drawer D
Virginia City, Nevada 89440


Tonopah Public Library
P.O. Box 449
Tonopah, Nevada 89049

Washoe County/Downtown Reno Library
P.O. Box 2151
Reno, Nevada 89505-2151

White Pine County Library
950 Campton Street
Ely, Nevada 89301

Members of the public who are disabled and require special accommodations or assistance at the workshop are requested to notify the Commissioner's secretary in writing at 1818 E. College Parkway, Suite 103, Carson City, Nevada 89706, or via e-mail to icommish@doi.nv.gov, or by calling (775) 687-0771, no later than five (5) working days prior to the workshop.

DATED this 3rd day of August, 2016.


BARBARA D. RICHARDSON
Commissioner of Insurance

WORKSHOP AGENDA

The State of Nevada, Department of Business and Industry, Division of Insurance

August 24, 2016 • 9:30 a.m.

Location of Workshop:

Office of the Division of Insurance
1818 E. College Pkwy., 1st Floor Hearing Room
Carson City, NV 89706
(Division Offices located in Suite 103)

Available via Videoconference at:

Office of the Division of Insurance
2501 E. Sahara Ave., 3rd Floor Conference Room
Las Vegas, NV 89104
(Division Offices located in Suite 302)

1. Call to Order: R080-16.

**2. Presentation and Discussion of Proposed Regulation. (For Possible Action)
LCB File No. R080-16. Captive Insurers. (NAC 694C)**

A regulation relating to captive insurers; updating certain publications and forms that have been adopted by reference; revising certain financial report and audit requirements; revising provisions relating to service provider and reinsurance contracts; revising the requirements for the disclosure of conflicts of interest by persons holding certain positions with a captive insurer; revising provisions related to reimbursable expenses for examinations by the Commissioner of Insurance; and providing other matters properly relating thereto.

3. Public Comment.

4. Closure: R080-16.

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5. Call to Order: R081-16.

6. Presentation and Discussion of Proposed Regulation. (For Possible Action)

LCB File No. R081-16. Required Industry Reports. (NAC 686A, 687B, 695C, 695D)

A regulation relating to insurance; revising the requirements for the filing of certain reports and documentation with the Commissioner of Insurance and the Division of Insurance of the Department of Business and Industry; and providing other matters properly relating thereto.

7. Public Comment.

8. Closure: R081-16.

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9. Adjournment.

Supporting public material for this meeting may be requested from Sue Bell, Legal Secretary, Nevada Division of Insurance, 1818 E. College Parkway, Carson City, Nevada 89706, by e-mail to suebell@doi.nv.gov, or by calling (775) 687-0704.

Note: Any agenda item may be taken out of order; items may be combined for consideration by the public body; and items may be pulled or removed from the agenda at any time. The Hearing Officer, within his/her discretion, may allow for public comment on individual agenda items. Public Comment may be limited to three minutes per speaker.

Members of the public are encouraged to submit written comments for the record.

We are pleased to make reasonable accommodations for attendees with disabilities. Please notify the Commissioner's Assistant at (775) 687-0771, no later than five (5) working days before the meeting.

NOTICES FOR THIS MEETING HAVE BEEN POSTED IN ACCORDANCE WITH NRS 241 AT THE FOLLOWING LOCATIONS:

Nevada Division of Insurance, 1818 E. College Parkway, Suite 103, Carson City, Nevada 89706

Nevada Division of Insurance, 2501 E. Sahara Avenue, Suite 302, Las Vegas, Nevada 89104

Nevada State Legislative Building, 401 S. Carson Street, Carson City, Nevada 89701

Grant Sawyer State Office Building, 555 E. Washington Avenue, Las Vegas, Nevada 89101

Blasdel State Office Building, 209 E. Musser Street, Carson City, Nevada 89701

Nevada State Capitol, 101 N. Carson Street, Carson City, Nevada 89701

Nevada Dept. of Employment, Training & Rehabilitation, 2800 E. Saint Louis Avenue, Las Vegas, Nevada 89104

The State of Nevada Website (www.nv.gov)

The Nevada State Legislature Website (www.lcg.state.nv.us)

The Nevada Division of Insurance Website (www.doi.nv.gov)

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R081-16

June 30, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 679B.130 and 686A.015; §3, NRS 679B.130; §4, NRS 679B.130, 687B.120 and 687B.430; §§5 and 6, NRS 679B.130 and 687B.430; §7, NRS 679B.130 and 695D.100; §8, NRS 679B.130.

A REGULATION relating to insurance; revising the requirements for the filing of certain reports and documentation with the Commissioner of Insurance and the Division of Insurance of the Department of Business and Industry; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Commissioner of Insurance to adopt reasonable regulations for the administration of the Nevada Insurance Code and as required to ensure compliance with federal law relating to insurance. (NRS 679B.130)

Sections 1 and 2 of this regulation specify the date by which certain annual certifications are required to be filed or made by an illustration actuary and an officer of an insurer regarding illustrations of nonguaranteed elements of a policy of life insurance.

Section 3 of this regulation specifies the date by which an insurer is required to submit an annual report to the Commissioner regarding the applications for long-term care insurance policies or contracts received by an insurer.

Existing law authorizes the Commissioner to adopt regulations relating to the form, content and sale of policies of insurance which provide for the payment of expenses which are not covered by Medicare. (NRS 687B.430) **Section 4** of this regulation specifies the date by which an issuer of such a policy is required to file certain information regarding those policies with the Division of Insurance of the Department of Business and Industry. **Section 5** of this regulation revises the date on which an issuer of such a policy is required to report multiple policies or certificates held by residents of this State. **Section 6** of this regulation revises the date on which an issuer of such a policy that contains a provision for a restricted network is required to report to the Commissioner certain information regarding its grievance procedure.

Section 7 of this regulation eliminates the requirement that an organization for dental care notify the Division quarterly of any changes in its list of providers.

Section 8 of this regulation repeals provisions that require a health maintenance organization or a provider-sponsored organization that applies for a certificate of authority to submit and update a list of the providers in its health care plan.

Section 1. NAC 686A.4775 is hereby amended to read as follows:

686A.4775 1. An illustration actuary shall certify that:

(a) The disciplined current scale used in illustrations authorized by the insurer comply with the “Actuarial Standard of Practice for Compliance with the NAIC Model Regulation on Life Insurance Illustrations” adopted by the Actuarial Standards Board; and

(b) The illustrated scales used in illustrations authorized by the insurer comply with the requirements of NAC 686A.460 to 686A.479, inclusive.

2. The illustration actuary shall file the certification with the insurer and the Commissioner:

(a) ~~{Annually}~~ *On a date determined by the insurer but not later than December 31 of each year, for the current calendar year*, for all policy forms for which illustrations are used ; ~~on a date determined by the insurer;~~ and

(b) Before a new policy form is illustrated.

3. The illustration actuary shall disclose in the certification:

(a) Whether, since the last certification, a currently payable scale applicable for business issued within the previous 5 years and within the scope of the certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale. If nonguaranteed elements illustrated for new policies are not consistent with those illustrated for similar policies that are in force, this fact must be disclosed in the certification. If nonguaranteed elements illustrated for new policies and policies that are in force are not consistent with the nonguaranteed elements actually being paid, charged or credited to the same or similar forms, this fact must be disclosed in the certification.

(b) The method used to allocate overhead expenses for all illustrations from one of the following methods:

- (1) The fully allocated expense method;
- (2) The marginal expense method; or
- (3) A generally recognized expense table method based on fully allocated expenses that are representative of a significant portion of insurers in this State and is approved by the Commissioner.

4. If an error in a previous certification is discovered, the illustration actuary shall notify the insurer and the Commissioner promptly.

5. If an illustration actuary is unable to certify the disciplined current scale for an illustration the insurer intends to use, the actuary shall notify the insurer and the Commissioner promptly of his or her inability to certify that scale.

6. For the purposes of this section, the “Actuarial Standard of Practice for Compliance with the NAIC Model Regulation on Life Insurance Illustrations,” adopted by the Actuarial Standards Board, is hereby adopted by reference. A copy of the standard may be obtained from the American Academy of Actuaries, 1850 M Street N.W., Suite 300, Washington, D.C. 20036, (202) 223-8196, and on the Internet at ~~http://www.actuary.org/index.asp~~ <http://www.actuarialstandardsboard.org> free of charge.

Sec. 2. NAC 686A.478 is hereby amended to read as follows:

686A.478 An officer of an insurer that sells policies of life insurance, other than the illustration actuary, shall certify ~~annually~~ *on or before December 31 of each year, for the current calendar year*, that:

1. The formats for the illustrations the insurer intends to use comply with the requirements of NAC 686A.460 to 686A.479, inclusive;
2. The scales used in illustrations authorized by the insurer are those scales certified by the illustration actuary; and
3. The insurer has provided its agents and brokers with information about the method that is used by the insurer to allocate expenses in its illustrations and is disclosed as required in subsection 3 of NAC 686A.4775.

Sec. 3. NAC 687B.057 is hereby amended to read as follows:

687B.057 ~~{An}~~ *On or before April 1 of each year, for the preceding calendar year, an* insurer shall report ~~{annually}~~ to the Commissioner using form NDOI-947, which is available from the Division:

1. The number of applications for long-term care insurance received by the insurer from residents of this State;
2. The number of applicants who declined to provide information on the worksheet described in subsection 9 of NAC 687B.056;
3. The number of applicants who did not meet the standards of suitability developed by the insurer pursuant to NAC 687B.056; and
4. The number of applicants who chose to purchase long-term care insurance after receiving the letter described in paragraph (b) of subsection 1 of NAC 687B.0565.

Sec. 4. NAC 687B.230 is hereby amended to read as follows:

687B.230 1. A policy to supplement Medicare or a certificate must not be delivered or issued for delivery in this State unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to the

policyholder or certificate holder the following amounts in the form of aggregate benefits provided under the policy, not including anticipated refunds or credits:

(a) In the case of a group policy, at least 75 percent of the aggregate amount of premiums earned.

(b) In the case of an individual policy, at least 65 percent of the aggregate amount of premiums earned. For the purposes of this paragraph, a policy issued as a result of any solicitation made by mail or by advertising using the mass media, including any written or broadcasted advertisement, shall be deemed to be an individual policy.

↪ The aggregate benefits must be calculated on the basis of incurred claims experience or incurred expenses for health care if coverage is provided by a health maintenance organization on the basis of payments made to the provider of health care rather than reimbursements made to the insured, and must be calculated in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health maintenance organization must not include:

- (1) Home office and overhead costs;
- (2) Advertising costs;
- (3) Commissions and other acquisition costs;
- (4) Taxes;
- (5) Capital costs;
- (6) Administrative costs; and
- (7) Claims processing costs.

2. All filings of rates and rating schedules must demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience

as of the date of the filing. Filing of revisions of rates must also demonstrate that the anticipated loss ratio during the period for which the revised rates are computed can be expected to meet the appropriate standards for the loss ratio.

3. ~~{Each}~~ *On or before May 31 of each year, each* issuer providing a policy to supplement Medicare or a certificate in this State shall file ~~{annually}~~ with the Division *, in a format prescribed by the Commissioner,* its rates, rating schedule and supporting documentation, including ratios of incurred losses to earned premiums by policy duration, for approval by the Commissioner. The supporting documentation must:

(a) Demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate standards for loss ratios can be expected to be met during the entire period for which the rates are computed; and

(b) Exclude active life reserves.

➔ An expected third-year loss ratio that is greater than or equal to the applicable percentage must be demonstrated for policies to supplement Medicare or certificates in force less than 3 years.

4. As soon as practicable before the effective date of any enhancements to Medicare benefits, every issuer shall file with the Division in accordance with NRS 687B.120:

(a) Appropriate adjustments of premiums necessary to produce loss ratios as anticipated for the current premiums for the applicable policies or certificates, together with such supporting documents as are necessary to justify the adjustment; and

(b) Any appropriate riders, endorsements or policy forms needed to accomplish the modifications to the policy to supplement Medicare or the certificate which are necessary to eliminate any duplication of Medicare benefits. Any such riders, endorsements or policy forms

must provide a clear description of the benefits to supplement Medicare that are provided by the policy or certificate.

5. An issuer shall make such adjustments to premiums pursuant to paragraph (a) of subsection 4 as are necessary to produce an expected loss ratio that conforms to the minimum standards for loss ratios for policies to supplement Medicare or certificates which are expected to result in a loss ratio that is at least as great as the ratio originally anticipated for the rates used by the issuer to calculate current premiums for the policy to supplement Medicare or the certificate. An adjustment to premiums which modifies the loss ratio, other than an adjustment made pursuant to this section, may not be made at any time other than upon the renewal of the policy or certificate or its anniversary date. If an issuer makes an adjustment to premiums which is not acceptable to the Commissioner, the Commissioner may order an adjustment to premiums, a refund or a credit which he or she deems necessary to achieve the loss ratio required by this section.

6. The Commissioner may conduct a hearing to obtain information concerning a request submitted by an issuer for an increase in the rates for a policy to supplement Medicare or a certificate if the experience incurred during the reporting period does not comply with the applicable standard for loss ratios. The Commissioner will determine whether the experience complies with the applicable standard without considering any refund or credit required for the reporting period.

7. The provisions of this section apply to any policy to supplement Medicare or any certificate delivered or issued for delivery in this State, regardless of the date of its delivery or issuance.

Sec. 5. NAC 687B.283 is hereby amended to read as follows:

687B.283 1. On or before ~~March 11~~ **May 31** of each year, an issuer shall report the number of the policy, the certificate number and the date of issuance for each resident of this State for whom the issuer has in force more than one policy to supplement Medicare or certificate. The report must include all this information for each individual policyholder in a format prescribed by the Commissioner.

2. The provisions of this section apply to an issuer of a policy to supplement Medicare delivered or issued for delivery in this State, regardless of the date the policy was delivered or issued for delivery.

Sec. 6. NAC 687B.370 is hereby amended to read as follows:

687B.370 1. A Medicare select issuer shall have written procedures for hearing complaints and resolving written grievances made by policyholders and certificate holders under a Medicare select policy or certificate. The procedures may include the utilization of arbitration if the Medicare select issuer and the policyholder or certificate holder or the policyholder's or certificate holder's spouse mutually agree to use it.

2. The procedure for addressing grievances must be described in all policies and certificates and in the outline of coverage provided to applicants for coverage pursuant to NAC 687B.368.

3. The Medicare select issuer shall provide detailed information to the policyholder or certificate holder at the time the policy or certificate is issued that describes how to file a grievance with the Medicare select issuer.

4. The Medicare select issuer shall begin evaluating a grievance filed with it within 10 working days after the filing date by transmitting the grievance to the person who has authority to investigate the issue fully and take corrective action to address it.

5. If a grievance is found to be valid, corrective action must commence within 48 hours after the determination or within 72 hours after the determination if a holiday occurs within the 48-hour period.

6. All concerned parties must be notified of the determination made with regard to the grievance.

7. The Medicare select issuer shall report to the Commissioner ~~{no later than March}~~ *on or before May* 31 of each year regarding its grievance procedure. The report must *be submitted in a format prescribed by the Commissioner and must* contain the number of grievances filed in the past year and a summary of the nature and resolution of those grievances.

Sec. 7. NAC 695D.200 is hereby amended to read as follows:

695D.200 An organization shall notify ~~†~~

~~—1. The Division in writing at the end of each quarter of each calendar year of any changes in its list of providers. If there are no changes, a statement to that effect may be filed with the organization's annual statement.~~

~~—2. A~~ *a* member in writing of the disassociation of his or her dentist from the organization within 30 working days after the disassociation occurs.

Sec. 8. NAC 695C.200 is hereby repealed.

TEXT OF REPEALED SECTION

695C.200 List of providers: Submission; changes; extension of submission date; excessive reduction. (NRS 679B.130, 695C.070, 695C.275)

1. Each applicant for a certificate of authority shall:

(a) Submit a list of the providers in its health care plan and a description of the type of providers based upon a projected number of enrollees;

(b) Sufficiently describe its list of providers to demonstrate the accessibility and availability of health care to its enrollees; and

(c) Describe a plan for increasing the number of providers based upon increased enrollment.

2. The organization shall notify:

(a) For a health maintenance organization, the Division and the State Board of Health in writing not later than 14 days after the end of each quarter of each calendar year of any changes in its list of providers unless an extension is granted pursuant to this paragraph. On or before the date on which the notification is due, the health maintenance organization may submit a request to the Commissioner for an extension of time in which to provide the notification of not more than 30 days after the date on which the notification is due.

(b) For a provider-sponsored organization, the Division in writing not later than 14 days after the end of each quarter of each calendar year of any changes in its list of providers unless an extension is granted pursuant to this paragraph. On or before the date on which the notification is

due, the provider-sponsored organization may submit a request to the Commissioner for an extension of time in which to provide the notification of not more than 30 days after the date on which the notification is due.

(c) An enrollee in writing of the disassociation of his or her primary physician from the organization not later than 30 working days after such disassociation.

3. Based upon the current list of providers of an organization, an overall reduction of more than 30 percent in the number of primary physicians in a geographic area of service or a material change in the panel of specialists shall be deemed by the Division to jeopardize the ability of the organization to meet its obligations to its enrollees, and the Division will so notify the organization, and for a health maintenance organization, the Division will also notify the State Board of Health. The organization may rebut this presumption by providing written information to the Division within 14 days after the notice is sent to the organization.

4. The provisions of subsection 3 do not apply if the organization:

- (a) Notifies the Division in writing;
- (b) Submits information concerning the number of persons enrolled in the organization and the reasons for any reductions; and
- (c) Obtains the approval of the Division in advance for the reduction.

STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE

Determination of Necessity - Small Business Impact Statement
LCB File No. R081-16

The regulation designates a specific date for receipt by the Life and Health Section ("Section"), Division of Insurance ("Division"), of a report that is applicable to Life and Long-term Care products; and the introduction of a common reporting date and uniform reporting format that applies to Medicare Supplement products.

EFFECTIVE DATE OF REGULATION:
Upon filing with the Nevada Secretary of State

1. BACKGROUND

The Life and Health Section ("Section"), Division of Insurance ("Division"), is responsible for receiving, tracking and review of 31 required industry reports. It is important that the carriers know exactly when a report must be submitted. It is also important that the Section be able to accurately account for receipt of said reports.

The purpose of the regulation is to provide the carrier with a specific date that a required industry report is due rather than the current broad requirement that certain Life and Long-term Care reports be submitted annually. Additionally, the regulation provides for a common reporting date for Medicare Supplement policy data, and for submission to be accomplished in a uniform format. This will result in combining the three separate Medicare Supplement reports into one submission.

2. DESCRIPTION OF SOLICITATION

No comments were solicited.

3. DOES THE PROPOSED REGULATION IMPOSE A DIRECT AND SIGNIFICANT ECONOMIC BURDEN UPON A SMALL BUSINESS OR DIRECTLY RESTRICT THE FORMATION, OPERATION OR EXPANSION OF A SMALL BUSINESS? (NRS 233B.0608.1)

☒ NO (answer #4) ☐ YES (skip to #5)

4. HOW WAS THAT CONCLUSION REACHED? (NRS 233B.0608.3)

The changes to the existing regulations provide for more uniformity and clarity as to the reporting requirements that are already in place. The amendments to the existing regulations have no impact on small businesses.

I, BARBARA D. RICHARDSON, Commissioner of Insurance for the State of Nevada, hereby certify to the best of my knowledge or belief a concerted effort was made to determine the impact of the proposed regulation on small businesses and that this statement was prepared properly and the information contained herein is accurate. (NRS 233B.0608.3)

8/3/16
(DATE)


BARBARA D. RICHARDSON
Commissioner of Insurance

Small Business Impact Statement
LCB File No. R081-16

5. SUMMARY OF COMMENTS RECEIVED FROM SMALL BUSINESSES (NRS 233B.0609.1.a)

N/A

6. ESTIMATED ECONOMIC EFFECT ON SMALL BUSINESSES THE REGULATION IS TO REGULATE (NRS 233B.0609.1.c)

N/A

7. METHODS CONSIDERED TO REDUCE IMPACT ON SMALL BUSINESSES (NRS 233B.0609.1.d)

N/A

8. ESTIMATED COST OF ENFORCEMENT (NRS 233B.0609.1.e)

N/A

9. FEE CHANGES (NRS 233B.0609.1.f)

N/A

10. DUPLICATIVE PROVISIONS (NRS 233B.0609.1.g)

N/A

11. HOW WAS THE ANALYSIS CONDUCTED? (NRS 233B.0609.1.b)


N/A

12. REASONS FOR CONCLUSIONS (NRS 233B.0609.1.h)

N/A

I, BARBARA D. RICHARDSON, Commissioner of Insurance for the State of Nevada, hereby certify to the best of my knowledge or belief a concerted effort was made to determine the impact of the proposed regulation on small businesses and that this statement was prepared properly and the information contained herein is accurate. (NRS 233B.0609.2)

8/3/16
(DATE)


BARBARA D. RICHARDSON
Commissioner of Insurance